

Health Department, City of Baltimore.

Permit No. A 371

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14/87

Full Name of Deceased, Wm. J. Davis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 25 Years, 7 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, Scotland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, 715 Cumberland St.
{ Give Street and Number. }

Cause of Death, Consumption of Lungs
{ First (Primary), Second (Immediate), }
Enlargement of heart

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Co.

Date of Burial, June 16/87

Undertaker, J. B. Cook G. St. Annis M. D.

Place of Business, 1003 W. Baltimore St. Address, 1501 Rushman
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th 1889

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

James Albert Chaney

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

3

Months,

15

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

209 Parrish Alley

Duration of Residence in the City of Baltimore,

3 Mos 15 days.

Place of Death,

{ Give Street and Number.

209 Parrish Alley

Cause of Death,

{ First (Primary),

Second (Immediate),

Bronchitis

Duration of Last Sickness,

14 days.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 15/89

Undertaker,

J. B. Cook

Edward H. Condon M. D.

Medical Attendant.

Place of Business,

1003 E. Baltimore

Address, 1122 N. Mount St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Health Department, City of Baltimore.

Permit No. A 873 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness is requested for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Craig

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 33 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Not known

Occupation, Hostler

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease - Mitral Valve - Failure of Heart

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore Cemetery

Date of Burial, June 14/87

{ Undertaker, Geo Reinhardt } Emmett Le Stuart M. D. Resident Physician

{ Place of Business, _____ } Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No.

A 874

Office of Registrar of Vital Statistics.

Ward

9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

24

Date of Death,

June 13th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Mcmann

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

47

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Sailor

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ma

Duration of Residence in the City of Baltimore,

8 years

Place of Death,

{ Give Street and Number. }

City Hospital

Cause of Death,

{ First (Primary),

Second (Immediate),

Pneumonia

Heart Failure

Duration of Last Sickness,

Not known

All the above information should be furnished by the Physician.

Place of Burial,

E. Bacto Pubcent

Date of Burial,

June 14/87

{ Undertaker,

Geo Reinhardt

Emmett Le Stuart M. D.

{ Place of Business,

Address,

Res of Physician
City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A. 375 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Mahen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1265 Exeter

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum
Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 15 1887

Undertaker, Gas P Byrne

Place of Business, Frank St

Geo B Reynolds M. D.
Medical Attendant.

Address, 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 376

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James J. Frazer
(James)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, 9 Days

Color, Leol

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 20 Hamilton St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 20 Hamilton St

Cause of Death, { First (Primary), Second (Immediate), } chol infant

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15 1887

Undertaker, Alex Hemmle J H Patterson M. D.

Place of Business, 56 Orchard St Address, 102 Franklin St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/1922.

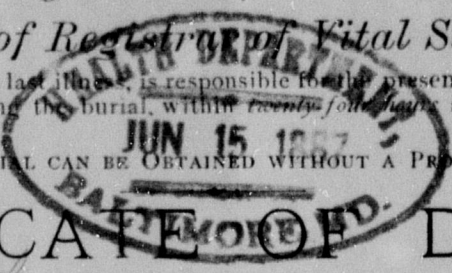
The Special Attention of Physicians is respectfully invited to the enclosed form, which is the only one to be used in the presentation of this Certificate

Board of Health, City of Baltimore.

Permit No. A 377 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighteen Years, Six Months, — Days,

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation House-girl

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Kent Co. Md.

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, { Give street and Number. } 942 N. Howard St.

Cause of Death, { First (Primary), Bright Disease }
Second (Immediate), Inanition

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, James Cemetery

Date of Burial June 15th 1887

Undertaker Ally Kershley } C. H. Steeper M. D. Medical Attendant.

Place of Business, 561-563 N. Howard St. Address, 210 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 378 Office of Registrar of Vital Statistics. Ward 6⁰/₉

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within a reasonable time after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1887

Full Name of Deceased, Mary Gray {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 624¹²/₇ Washington St

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum
Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16th

{ Undertaker, Geo Schilling } John Ayda M. D. Medical Attendant.

{ Place of Business, Ashland Square } Address, 1937 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 379 Office of Registration of Vital Statistics. Ward 16²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 87

Full Name of Deceased, Wm. T. Barker
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 8 Days.

Color, Blue

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dr. Barker

Birth Place, B City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2nd Mtg

Place of Death, 944 Leadenhall St
{ Give Street and Number. }

Cause of Death, Infection
{ First (Primary), Second (Immediate), }
Approved

Duration of Last Sickness, 2 mths

All the above information should be furnished by the Physician.

Place of Burial, Howard Cemetery

Date of Burial, June 18 1887

Undertaker, W. Ross M. D.

Place of Business, 404 Howard St Address, 912 Light
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, Baltimore.

Permit No. A 380 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within fourty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, June 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeala L. Shakin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, _____ Months, _____ Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1216 Canton St

Cause of Death, { First (Primary), { Diphtheria } Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, June 15. 1887

Undertaker John Herwig } A. W. Gilman M. D. Medical Attendant.

Place of Business, 2008 Orleans St. Address, 1015 E. Balle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]